

Montana State Legislature

2009 Session

Exhibit 3

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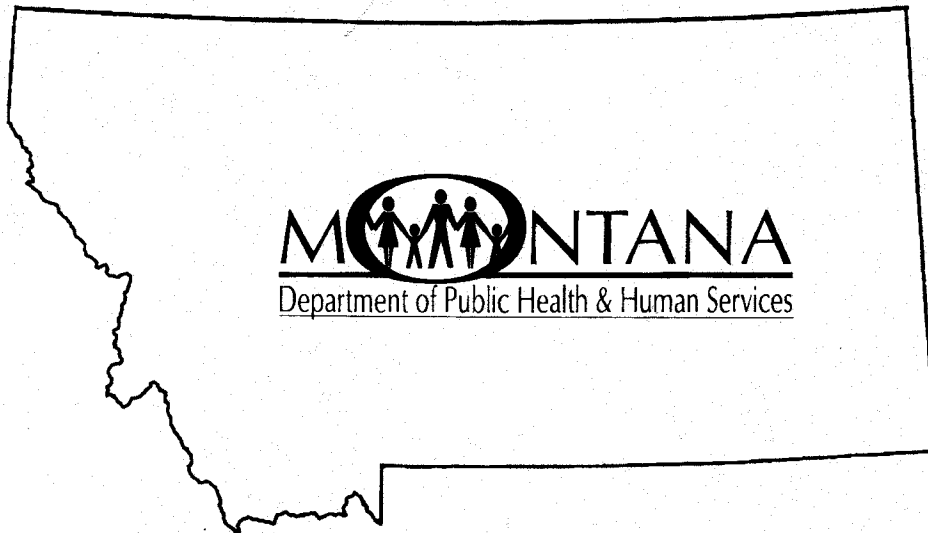
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THE MONTANA MEDICAID PROGRAM

State Fiscal Years 2007/2008 Report for the 2009 Legislature



A report by the Montana Department
of Public Health and Human Services

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES



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GOVERNOR

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January 5, 2009

Dear Legislators:

On behalf of the Department of Public Health and Human Services, I am pleased to transmit the Montana Medicaid Program Report to the 2009 Legislature.

The Report is divided into two sections.

The first section summarizes the Montana Medicaid Program mission and the activity for SFY 2007. It outlines such Medicaid matters as the SFY 2007 eligibility criteria for mandatory and optional populations; the actual enrollment of and benefits paid to the separate eligible populations; enrollment and expenditures by county; waivers by populations; the number of participating providers and claims they submitted; and a summary of the rate setting process.

The second section begins on page 30 and addresses the statutorily required Biennial reporting to the Legislature as contained in 53-6-110, MCA. That section details historic and future Federal Medicaid matching rates; SFY 2007 expenditures by eligible populations, by provider type; a 10 year history of expenditures and enrollment; a 10 year comparison of the growth in Montana Medicaid compared to the Health Care Price Index and the Consumer Price Index; cost containment measures; a chronology of major events in Montana Medicaid; and the Medicaid expenditure projections for the 2011 Biennium.

Over the past two years, the state's Medicaid Program has made great strides. Specifically, I would like to draw your attention to three very significant programs that are described in detail beginning on page 43 under Chronology of Major Events in Montana Medicaid.

The Medicaid Administrative Match Program (MAM) was created where contracted Montana Tribes are reimbursed with federal funds for allowable administrative costs related to the Medicaid State Plan or waiver service, as has been similarly done in the school based program. The Department also established the Home and Community-Based Services waiver for adults age 18 and over with severe disabling mental illness who, without the waiver, would be in nursing homes. Finally, an agreement was executed with the Chippewa Cree Tribe to facilitate the provision of Medicaid benefits to reservation residents.

We trust you will find the information contained in the Report useful, and if you have any questions or if we can provide additional information, please feel free to contact either myself at (406) 444-5622, or the Division Administrators at the phone numbers listed on page three of the Report.

Sincerely,

A handwritten signature in cursive script, reading "Anna Sorrell".

Anna Whiting Sorrell, Director

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